

Case Number:	CM13-0060936		
Date Assigned:	12/30/2013	Date of Injury:	05/09/2005
Decision Date:	05/16/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49 year old female who was injured on 04/18/2012. Her left foot was caught on the edge of a metal rack causing her to fall on her right side of her body. Prior treatment history has included acupuncture treatment. Diagnostic studies reviewed include EMG/NCV dated 07/24/2013 revealed evidence of a mild bilateral carpal tunnel syndrome (median nerve entrapment at wrist) affecting sensory and motor components. MRI of the lumbar spine obtained on 03/15/2013 revealed mild posterior disc height reduction on L3-4; a 3 mm broad based posterior disc protrusion at L4-5 with moderate disc space height reduction, disc desiccation, mild bilateral lateral recess stenosis, severe right and moderate left facet joint arthropathy, subcortical trabecular stress reaction/bone contusion of the right facet joint of 14 mm and mild spinal canal stenosis; a 4 mm of degenerative anterolisthesis of L5 on S1 with moderate facet joint arthropathy, moderate disc space height reduction, and disc desiccation. MRI of the right shoulder obtained on 09/04/2012 demonstrated oblique curvilinear tear of 4 mm in thickness to the distal supraspinatus tendon with mild to moderate distal supraspinatus tendinosis; findings consistent with mild bursitis; mild concavity and lateral downsloping of the distal acromion process with anatomic predisposition for rotator cuff impingement with non-displaced ossification center of the distal acromion process with non-union compatible with an os acromial. PR2 dated 07/03/2013 stated the patient presented with complaints of right shoulder pain with numbness and low back pain. Objective findings on exam revealed spasticity; straight leg raise remained positive, with decreased range of motion; impingement sign remained positive. The patient was diagnosed with right tendinitis/Impingement syndrome, L/S sprain/strain; and clinical bilateral lower extremities radiculopathy. It was also documented that the patient's medications were renewed. She was pending an authorization for right shoulder surgery and awaiting an official AME/QME report. Initial Orthopedic Evaluation dated 06/27/2012

documented the patient was diagnosed with tendinitis/impingement syndrome of the right shoulder with possible internal derangement, lumbar spine sprain/strain; and clinical bilateral lower extremity radiculopathy. Initial Orthopedic Evaluation dated 04/26/2013 indicated the patient was recommended to undergo right shoulder surgery, a course of post-operative physical therapy. She was referred to a pain management physician for evaluation regarding possible epidural steroid injections. It was recommended that she continue the use of her medications and she remained. CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, ODG supports a trial of 6 visits and with evidence of objective functional improvement, up to a total of up to 18 visits. In this case, latest progress report notes that recent chiropractic therapy was marginally beneficial. There is no documentation describing these sessions and as it was reported to only be marginally beneficial, it is unclear as to why this therapy is to be continued. Therefore, the request for chiropractic therapy to the cervical spine was not medically necessary per the guideline recommendations of MTUS and ODG were not met.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NIZATIDINE 150MG, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Nizatidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

Decision rationale: In order to avoid further stronger narcotics the provider is trying to control pain with NSAIDs. This medication is an H2 antagonist and prevents/treats dyspepsia secondary to NSAID therapy. It seems a prudent intervention in this particular patient and is medically necessary.